Amendments to the Claims:

Claim 1 is currently pending in the subject application. The pending claim under consideration in the subject application is shown below. Upon entry of the present amendment, this listing of claims will replace all prior versions, and listings, of claims in the application:

Listing of Claims:

1. (currently amended) A method in a computing environment for effecting a controlled, recurring assessment of a care episode and service utilization patterns ~~on a county or~~ associated with a locale~~local level~~, the locale including a plurality of corresponding institutions, the method comprising the steps of:

accessing transmissions data received from ~~a~~ the plurality of corresponding institutions, the transmissions data including one or more distance values and one or more population values, the plurality of corresponding institutions providing health care for a catchment area associated with the locale;

totalizing ~~said~~ one or more proband counts;

transforming the distance values, the distance values measured in physical distance ~~miles (kilometers)~~ or elapsed time, the physical distance or elapsed time measured from a location at which inception of clinical event occurred to a health facility in the catchment area where appropriate care is secured, ~~securing appropriate care at a health facility in the catchment area,~~ the distance values transformed using a Box-Cox power transform;

transforming the population values, using a Box-Cox power transform, for the locale where each care episode originates, the population values measured in persons or persons per square mile ~~(square kilometer)~~;

standardizing, by scaling the ~~raw~~ distance <u>values</u> and <u>the</u> population

values according to ~~the~~ <u>a set of</u> standard deviations and <u>a set of</u> signs of ~~the~~ <u>one or</u>

<u>more</u> respective distributions<u>, the standardizing creating one or more standardized</u>

<u>transformed distance values and one or more standardized transformed population</u>

<u>values</u>;

weighting the standardized transformed distance<u> values</u> and <u> the</u>

<u>standardized transformed population</u> values and summing <u>the standardized</u>

<u>transformed distance values and the standardized transformed population values</u>

to form a provisional index;

standardizing the provisional index, by scaling according to ~~the~~ <u>a</u> standard

deviation of the provisional index;

iteratively seeking <u>one or more</u> optimal values of power transform

exponents λ_1 and λ_2, such that the Anderson-Darling measure of deviation from

normality is minimized and close to zero;

applying the resultant values<u> to</u> transform exponents λ_1 and λ_2, to produce

an optimized distance index d<u> value</u> for each case;

analyzing the distribution of <u>the</u> d values to ascertain an optimal binning

into <u>one or more</u> ~~N~~ distance categories,<u> the distance categories derived from the</u>

<u>standardized transformed distance values</u> ~~dcat~~; ~~and~~

risk-adjusting ~~the~~ <u>one or more</u> incidence rates of clinical indicators of

access and <u>one or more incidence rates of</u> utilization of health services using ~~the~~

<u>a</u> categorized locally transformed normed distance index, <u>distance categories</u>~~dcat~~,

and age ~~and, optionally, other variables~~, so as to produce ~~an accurate~~

representation of differences in access to health services <u>based upon time and</u>

<u>distance</u>~~taking time and distance into account~~[[.]]<u>; and</u>

> <u>presenting the representation of differences in access to health services to</u>

<u>a user using a display in the computing environment.</u>